



1631

PTO/SB/17 (10-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/621,363-Conf. #8429
		Filing Date	July 18, 2003
		First Named Inventor	Steven M. Ruben
		Examiner Name	M. K. Zeman
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1631	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 0.00	Attorney Docket No.	PZ013P2C1

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																													
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<b>3. ADDITIONAL FEES</b>																																													
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other																																														
<input checked="" type="checkbox"/> None																																															
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.																																															
The Director is authorized to: (check all that apply)																																															
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																															
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
<b>FEE CALCULATION</b>																																															
<b>1. BASIC FILING FEE</b>																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee		1002	2002	340	170	Design filing fee		1003	2003	530	265	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0.00				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1001	2001	770	385	Utility filing fee																																											
1002	2002	340	170	Design filing fee																																											
1003	2003	530	265	Plant filing fee																																											
1004	2004	770	385	Reissue filing fee																																											
1005	2005	160	80	Provisional filing fee																																											
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0.00																																										
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1</td><td>-23** =</td><td></td><td>0.00</td></tr><tr><td>1</td><td>-4** =</td><td></td><td>0.00</td></tr><tr><td colspan="4">Multiple Dependent</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	1	-23** =		0.00	1	-4** =		0.00	Multiple Dependent																																	
Total Claims	Extra Claims	Fee from below	Fee Paid																																												
1	-23** =		0.00																																												
1	-4** =		0.00																																												
Multiple Dependent																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	86	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	86	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$)</b> 0.00				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1202	2202	18	9	Claims in excess of 20																																											
1201	2201	86	43	Independent claims in excess of 3																																											
1203	2203	290	145	Multiple dependent claim, if not paid																																											
1204	2204	86	43	** Reissue independent claims over original patent																																											
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																											
<b>SUBTOTAL (2)</b>					<b>(\$)</b> 0.00																																										
**or number previously paid, if greater; For Reissues, see above																																															

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Kenley K. Hoover	Registration No. (Attorney/Agent)	40,302
Signature		Telephone	(301) 610-5771
		Date	May 5, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Ruben et al.

Docket No.: PZ013P2C1

Application No.: 10/621,363

Confirmation No.: 8429

Filed: July 18, 2003

Art Unit: 1631

For: 90 Human Secreted Proteins

Examiner: M.K. Zeman

**ELECTION UNDER 37 C.F.R. § 1.143**

**AND AMENDMENT UNDER 37 C.F.R. § 1.115**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated April 5, 2004, Applicants submit the following amendment and response. Applicants submit concurrently herewith a Fee Transmittal sheet (in duplicate).

Amendments to the claims begin on page 2.

Remarks and Election begin on page 3.